

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 09937414 FILING DATE
APPLICANT

CLAIMS	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1		1		
3	2			1		
4	1			1		
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49					1	
50					1	
TOTAL IND.					1	
TOTAL DEP.					1	
TOTAL CLAIMS					1	

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TOTAL IND.					1	
TOTAL DEP.					1	
TOTAL CLAIMS					1	

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2 MAY BE USED FOR ADDITIONAL CLAIMS OR REQUIREMENTS.

U. S. DEPARTMENT OF COMMERCE